U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 16072	2. Fiscal Year Covered From:		
	1 / 1 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Elena Sawyer	Name Tapers Local Union 1944		
	Labor Organization File Number 030		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1287 Kalani St #204	Street 1287 Kalani St #204		
City Honolulu	City Honolulu		
State Hawaii ZIP Code + 4 96817	State Hawaii ZIP Code + 4 96817		
5. Position in labor organization. Clerical			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Signed	on 8/9/05 808-848-7166		
	Date Telephone Number		

Name of Person Filling Elena Sawyer	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (Including trade name, if any). Name Tapeus Local Union 1944 Trade Name, if any: Drywall Taping P.O. Box, Bldg., Room No., If any Street 1287 Kalani St H204 City Honolulu State Hawaii ZIP Code + 4 96817	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Hawaii Tapers Trust Funds Trade Name, if any: Annuity P.O. Box, Bldg., Room No., if any	Annuity Trust Fund Meeting	g #133.59	
Street 222 S. Vineyard 3+ 4PH4	11.b. Approximate dollar value of such dealing.	133.59	
city Honolulu	12.a. Nature of interest held or income received.	The second secon	
State Hawaii ZIP Code + 4 96813			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4 ZIP Code + 4	And the second s	none del timbro o pagago, y somo sentano o o operació a "sintraguas aprojos, portunismos	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		